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10/656,592	09/04/2003	600	3735	ILIFF.2CPICICID

APPLICANTS

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**** CONTINUING DATA *******

This application is a DIV of 09/924,216 08/07/2001 PAT 6,641,532
 which is a CON of 09/326,971 06/07/1999 PAT 6,270,456
 which is a CON of 08/893,402 07/11/1997 PAT 5,935,060
 which claims benefit of 60/021,614 07/12/1996
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**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RN Initials	CA	20	33	4

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TITLE

COMPUTERIZED MEDICAL DIAGNOSTIC SYSTEM UTILIZING LIST-BASED PROCESSING

FILING FEE RECEIVED 934	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit